

35th Annual
LISBON FALL FESTIVAL ROAD RACE
SATURDAY – SEPTEMBER 19th, 2015

Start Time: 10:00 AM

RACE STARTS IN FRONT OF THE TOWN HALL; FINISHES IN FRONT OF THE COMMUNITY CENTER

Course: 3.5 miles (Route 169 – Mell Road – Ames Road – Route 169)

Entries: \$20.00 Pre-registrar (includes T shirt) by **September 4th**
\$10.00 Pre-registration No Shirt
\$15.00 post/no shirt

Awards: 1st Place Overall Winner – Male & Female
3 deep in each age group category

To Enter: Make checks Payable to: **Lisbon Fall Festival**
and Mail to: Lisbon Fall Festival
c/o Ellen Joly
18 Ross Hill Road Ext.
Lisbon, CT 06351

Tel. # (860) 376-4381, edjoly01@snet.net, www.LisbonFallFestival.org

OFFICIAL APPLICATION – ALL INFORMATION MUST BE COMPLETE

PLEASE PRINT!

(check one): **SHIRT SIZE:** S ☐ M ☐ L ☐ XL ☐

LAST NAME _____ FIRST NAME _____

MALE _____ FEMALE _____ E-MAIL ADDRESS _____

STREET _____ CITY/TOWN _____

STATE/ZIP _____ PHONE NUMBER _____

DATE OF BIRTH _____ AGE – **DAY OF RACE** _____

CHECK ONE OF THE FOLLOWING:

<input type="checkbox"/> JUNIOR OPEN	13 & UNDER	<input type="checkbox"/> MASTER 40 – 49
<input type="checkbox"/> HIGH SCHOOL	14 – 18	<input type="checkbox"/> SENIOR 50 – 59
<input type="checkbox"/> OPEN	19 – 29	<input type="checkbox"/> SUPER SENIOR..... 60 – 69
<input type="checkbox"/> SUBMASTER	30 – 39	<input type="checkbox"/> CLASSIC 70 & OVER

I hereby release the Town of Lisbon, Lisbon Fall Festival Committee and any other person(s) or organization(s) connected with this race from any claim of damage or injury from my participation in or traveling to and from the Lisbon Road Race on Saturday, September ??, 2009. I also give my permission to use my likeness and publish my name in the news media. Race numbers are non-transferable and the Race Committee reserves the right to offer or reject entries. I have read and understand the above.

SIGNATURE _____

PARENT'S SIGNATURE (IF UNDER 18) _____

FOR OFFICIAL USE ONLY

ENTRY NO _____

RACE NO _____